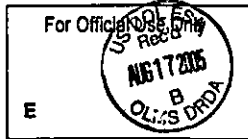


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1 File Number U - <u>9925</u>   | 2 Fiscal Year Covered From<br><u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>1</u> / 2004  |
| 3 Name and address of person filing<br>Name <u>Rodney</u> <u>L</u> <u>Masterson</u><br><br>P O Box, Bldg, Room No, if any<br><br>Street <u>Rt 2 Box 135</u><br><br>City <u>Fairfield</u><br><br>State <u>Illinois</u> ZIP Code + 4 <u>62837</u> | 4 Name, file number, and address of labor organization<br>Name <u>Laborers' Int'l Union of N A. Local 1197</u><br><br>Labor Organization File Number <u>049-589</u><br><br>P O Box, Building and Room Number, if any <u>P O Box 56</u><br><br>Street <u>109 W Market</u><br><br>City <u>McLeansboro</u><br><br>State <u>Illinois</u> ZIP Code + 4 <u>62859-0056</u> |
| 5 Position in labor organization <u>Non Construction Field Representative</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

|  |  |
|--|--|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |  |
| 6 Name and address of Employer (including trade name, if any)<br>Name<br><br>Trade Name, if any<br><br>P O Box, Bldg, Room No, if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4  | 7 a Nature of Interest, Transaction, or Income<br><br><br><br><br><br><br><br>7 b Amount<br><br><br><br><br><br><br> |

Signature

|   |                   |                     |
|---|-------------------|---------------------|
| 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) |                   |                     |
| Signed <u>Rodney L. Masterson</u>   | On <u>8-12-05</u> | <u>618-897-2594</u> |
|   | Date              | Telephone Number    |

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Southern Illinois LECET

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 1240

Street 805 W DeYoung

City Marion

State Illinois ZIP Code + 4 62959

**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name Southern Illinois LECET

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 1240

Street 805 W DeYoung

City Marion

State Illinois ZIP Code + 4 62959

**11 a Nature of such dealing**

SOUTHERN ILLINOIS LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE AND ADVANCES SHARED MARKET-RELATED INTERESTS

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**

01/02/04

MY SON AND I RECEIVED LECET KNIFE AND FLASK

**12 b Amount**

\$86

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois ZIP Code + 4 62095-0229

**14 a Nature of payment**

12/10/04

MY SPOUSE, PARENTS AND I ATTENDED A CHRISTMAS PARTY FOR DELEGATES TO THE SOUTHERN & CENTRAL ILLINOIS LABORERS' DISTRICT COUNCIL THAT WAS SPONSORED IN PART BY THE LAKIN LAW FIRM

ESTIMATED COST WAS \$65 00 PER HEAD

**13 b Is the Business an Employer** ☐ **or Consultant** ☒ ?**14 b Amount of payment**

\$260

Name of Person Filing Rodney Masterson

File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name National Alliance of Fair Contracting

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 525

Street 1 North Old State Capitol Plaza

City Springfield

State Illinois

ZIP Code + 4 62701

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Capitol Stewardship Program

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

5/25/04

I attended the Capitol Stewardship Program and received a meal

## 12 b Amount

\$32

Name of Person Filing Rodney Masterson

File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IL Laborers' &amp; Cont. Joint Apprenticeship Tr

Trade Name, if any

P O Box, Bldg, Room No, if any

Street Rt 3

City Mt Sterling

State Illinois

ZIP Code + 4 62353

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name IL Laborers' &amp; Cont Joint Apprenticeship Tr

Trade Name, if any

P O Box, Bldg, Room No, if any

Street Rt 3

City Mt Sterling

State Illinois

ZIP Code + 4 62353

## 11 a Nature of such dealing

Illinois Laborers' & Contractors Joint  
Apprenticeship Training held a Public Employee  
Conference

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

9/17/04-9/19/2004

I attended the Public Employee Conference at the  
Illiois Laborers' & Contractors Joint  
Apprenticeship Training Center in Mt Sterling  
Cost per night for meals and lodging was \$40 00  
per night

## 12 b Amount

\$80

|   |                       |
|---|-----------------------|
| Name of Person Filing <b>Rodney Masterson</b> | File Number <b>U-</b> |
|---|-----------------------|

**Part C Continuation Page**

|  |   |
|--|---|
| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>  |   |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b><br>Name <u>The Lakin Law Firm</u><br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any <u>P.O. BOX 229</u><br>Street <u>301 EVANS AVE.</u><br>City <u>WOODRIVER</u><br>State <u>Illinois</u> ZIP Code + 4 <u>62095-0229</u> | <b>14 a Nature of payment</b><br><u>01/02/04</u><br><u>My son and I received the benefit of lunch and dinner sponsored by Lakin Law Firm</u><br>Cost of lunch per head      \$13.25<br>Cost of dinner per head      \$65 77 |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?  | <b>14 b Amount of payment</b> <span style="float: right;"><u>\$158</u></span>   |

|  |  |
|--|--|
| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>  |  |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b><br>Name <u>The Lakin Law Firm</u><br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any <u>P O Box 229</u><br>Street <u>301 Evans Ave</u><br>City <u>Woodriver</u><br>State <u>Illinois</u> ZIP Code + 4 <u>62095-0229</u> | <b>14 a Nature of payment</b><br><u>01/03/04</u><br><u>My son and I received the benefit of breakfast, lunch and dinner sponsored by Lakin Law Firm</u><br>Cost of breakfast per head      \$9.80<br>Cost of lunch per head      \$13 25<br>Cost of dinner per head      \$59.78 |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?  | <b>14 b Amount of payment.</b> <span style="float: right;"><u>\$166</u></span>   |

|   |  |
|---|--|
| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>   |  |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b><br>Name <u>The Lakin Law Firm</u><br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any <u>P O. Box 229</u><br>Street <u>301 Evans Ave</u><br>City <u>Woodriver</u><br>State <u>Illinois</u> ZIP Code + 4 <u>62095-0229</u> | <b>14 a Nature of payment</b><br><u>01/04/04</u><br><u>My son and I received the benefit of breakfast sponsored by Lakin Law Firm</u><br>Cost of breakfast per head      \$11 80 |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?   | <b>14 b Amount of payment.</b> <span style="float: right;"><u>\$24</u></span>  |

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

01/02/04-01/03/04

My son and I attended a two day Pheasant Hunt sponsored by Lakin Law Firm

Cost of hunt per person, per day \$25 00

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$100

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

01/03/04

My son and I attended trap shooting sponsored by Lakin Law Firm

Cost of trap shooting per person \$25 00

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$50

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

01/02/04-01/03/04

My son and I had a two night lodging stay

Cost per night \$60

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$120

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

I received four tickets for the St Louis Cardinals baseball team  
Cost per ticket \$40 0013 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$160

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

I received two tickets for the St Louis Rams Football team  
Cost per ticket \$110 0013 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$220

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name The Lakin Law Firm

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 229

Street 301 Evans Ave

City Woodriver

State Illinois

ZIP Code + 4 62095-0229

14 a Nature of payment

I received four skybox tickets for the St Louis Cardinals baseball team  
Cost per ticket \$146 0013 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$584



August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for Rodney L. Masterson  
U-1234, Labor Organization File No. 049-589

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Rodney L. Masterson